

**MARICOPA INTEGRATED HEALTH SYSTEM HEALTH PLANS  
PROTOCOL**

<b>SUBJECT:</b> Dentures	<b>Protocol #:</b> PA P161.03 <b>Protocol Pages:</b> 3 <b>Attachments:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Initial Effective Date:</b> June 1999 <b>Latest Review Date:</b> May 2002
<b>APPLIES TO:</b> MHP <input checked="" type="checkbox"/> MLTCP <input checked="" type="checkbox"/> MSSP <input checked="" type="checkbox"/> HEALTHSELECT <input type="checkbox"/>	
<b>MIHS HEALTH PLANS APPROVALS:</b>  Director, Medical Management: _____ Date: _____ Medical Director: _____ Date: _____	

**PURPOSE:** The purpose of this protocol is to state the Prior Authorization Criteria that the Medical Management Department will use as it pertains to Dentures. **A prior authorization nurse review is required.**

**PROTOCOL:**

Medically Necessary Dentures:

1. Partial or full dentures and related services are medically necessary when the member's health has been adversely affected by the absence of dentures. As the non-cosmetic purpose of dentures is the maceration of food prior to swallowing, medical need for dentures requires that maceration of food in the mouth be an essential component for the treatment of malnutrition.
  - a. Partial or full dentures and related services must be determined to be the primary treatment of choice or an essential part of the overall treatment plan, designed by the primary care provider in conjunction with the member's attending dentist, to alleviate the member's medical need as defined above.
  - b. Partial dentures are covered only if essential for the function of maceration of food. As a standard, it may be considered that six posterior teeth in occlusion (three maxillary and three mandibular teeth in functional contact with each other) will be considered adequate for functional purposes.
  - c. Repair of dentures is covered if the dentures are medically necessary as defined above **AND** repair is essential to the function of the appliance.
2. Denture Limitations:
  - a. Provision of dentures for cosmetic purposes is not a medical necessity and is not covered.
  - b. Patient preference, without evidence of malnutrition, for non-soft or non-pureed foods does not create a medical necessity.
  - c. Diabetes alone is not a covered indication for dentures as diets can be modified to meet the nutrition needs of diabetics.
  - d. Radiographs are limited to diagnostic use preceding treatment of symptomatic teeth and to support the need of provision of dentures.
  - e. Extractions of asymptomatic teeth are not a covered service, unless their removal constitutes the most cost-effective dental procedure for the provision of dentures.

- A. The prior-authorization specialist may approve partial or full dentures (as medically appropriate) if the following criteria are met:
1. Basic clinical information must be submitted, which must include the following:
    - a) The patient's height and weight;
    - b) Length of time without dentures;
    - c) Mental status and ability to participate in a specific treatment plan, such as post-perioscaling, *etc.* and
    - d) The MMCS Denture Request Form is completed and submitted.
  2. The denture request documents that the patient cannot maintain adequate caloric intake on a soft mechanical or pureed diet. Evidence that supports this assertion includes **ONE** of the following:
    - a) Weight below ideal body weight for the patient's height and frame.
      - i. In general, ideal body weights for females will be estimated to be approximately 100 pounds for the first 5 feet of height plus 5 pounds per inch of height over the first 5 feet of height. For example, a 5 foot 3 inch tall woman would have an ideal body weight approximating 115 pounds.
      - ii. Ideal body weights for males will be estimated to be approximately 106 pounds for the first 5 feet of height plus 6 pounds per inch of height over the first 5 feet of height. For example, a 6 foot 1 inch tall man would have an ideal body weight approximating 184 pounds.
    - b) Calorie counts on three (3) successive days that document less than 10 Kcals per pound of ideal body weight per day on a soft mechanical or pureed diet. For example, the 6 foot 1 inch tall man with an ideal body weight of 184 pounds should receive between 1800 and 1900 Kcals/day.
    - c) The patient has biochemical evidence of malnutrition, such as a low albumin and total cholesterol on blood chemical profiling. **AND**
  3. There is no dental or medical reason why the patient cannot tolerate the use of dentures, such as Sicca Syndrome, Mucositis, *etc.* **OR**
  4. The dentures are part of a pre-planned, comprehensive medical treatment plan for a serious medical condition that requires dentures for maintenance of nutritional status. For example, patients who require total mouth extractions pursuant to radiation therapy, chemotherapy, or organ transplantation may require dentures in order to facilitate nutritional and immunologic competency. Dentures will be approved if they are part of the comprehensive treatment plan as defined above.
- B. This criteria is a guideline for prior authorization and does not represent a standard of practice or care.

- C. This protocol addresses medical coverage issues only and does not review individual benefit coverage issues. In order to issue an authorization number, the procedure must meet medical guidelines and benefit coverage guidelines under the specific plan. Prior authorization nurse must review for coverage issues.
- D. If requirements are not met, Medical Director review is required.

MIHS Health Plans reserves the right to change the protocol for administrative or medical reasons without notification to external entities. This protocol is not intended to be utilized as a basis for a claim submission.